

PART B - FEE(S) TRANSMITTAL

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22879 7590 10/31/2011
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Laura M. Zavala	(Depositor's Name)
/Laura M. Zavala/	(Signature)
11/02/2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/092,181	01/05/2002	Subodh A. Samuel	82256810	7558

TITLE OF INVENTION: SYSTEM AND METHOD FOR ENTERPRISE SOFTWARE DISTRIBUTION

APPL. TYPE	SMALL ENTITY	ISSUE FEE/DUE	PUBLICATION FEE/DUE	PREV. PAID ISSUE FEE	TOTAL FEES/DUE	DATE DUE
nonprovisional	YES	\$870	\$300	\$0	\$1170	01/31/2012

EXAMINER	ART UNIT	CLASS-3RD/CLASS
TRUONG, LAN DAI T	2452	709-230000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SF 422) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SF 427, Rev. 03-01 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents. OR, alternatively, (2) the name of a single firm having as a member a registered attorney or agent and the names of up to 2 registered patent attorneys or agents. If no name is listed, no names will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE (CITY AND STATE OR COUNTRY)

Hewlett-Packard Development Company, L.P. Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies _____	4b. Payment of Fee(s): (Please first re-pay any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number: _____-08-2025 (enclose an sworn copy of this form).
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Romiwa C. Akpala, Reg. No. 59,775/ Date November 1, 2011
 Typed or printed name Romiwa C. Akpala Registration No. 59,775

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